

it cover all expenses, of uniforms, as well as personal expenses. I think there would be more probationers were the salary still paid by the hospitals.

Sometimes I think that we are running too much to "education," and as I have heard nurses express it, the elevating of our profession. Discipline and work in the wards of a hospital are beyond criticism, the greatest training, I believe, in the world. Some book learning is, I know, necessary. But there is a strenuous tone in everything at present, we get a habit of taking things too seriously. I really think it would do us good to take stock and see where we are, and what wonderful work has been done and is being done towards the successful training of nurses. I should like to see more time given to making the lives of the nurses pleasanter, also what is being done for sick and tired nurses, and for those in the large cities who have fallen in the struggle and have gone to the wall. I have for a long time felt that there is a great and terrible responsibility among us for one another.

The training-school like all schools but begins our education and life, therefore, a high moral tone should prevail. Nurses should learn all through their training to watch themselves lest they be careless. Carelessness so soon becomes coarseness, and so lowers the tone of their work.

Sometimes I think the test of a nurse's life is so hard, the demands sometimes too great, that the nurse either stands or falls. Falls come often from failure of physical strength, too. A little of a drug so easily gives rest and forgetfulness,—*too easily*. The temptations of a nurse's life are terrible. Only those who have been lonely and overtired know. But the nurse who comes through it all is *pure gold*.

ANNIE VANBUSKIRK,
Graduate Montreal General Hospital.

DEAR EDITOR: Apropos of "An Open Question," having been connected, for years, with a large training-school that offers a three years' course, I cannot resist giving my experience.

The change, from a two to a three years' course, was made after my training was completed, but as a graduate head nurse I had all the advantages personally, and ample opportunity to study the effect upon the pupil nurse. The result of the broader training in theory and practice was most satisfactory.

Upon graduation nurses are better qualified for all lines of work. The majority discover the special line of nursing to which they are best

adapted and since the trend of the times is to specialize, this is a great advantage to them and to the public.

Among a large acquaintance, I know no *good* nurse who does not appreciate to its full value the three years' course and who would not consider a return to the old system a retrogression.

Just a word of appreciation for the body of able women who have borne (and are still bearing) the brunt of this, as well as all, the great advance movements.

It seems in this warfare for the highest and best in our profession that no fort is ever taken but that there is constant battle ever after to keep it. There is a great army of nurses who cannot "Blaze New Trails" but can follow closely those who do.

Even those among us who are almost Oslerized, have hearts that are fresh and full of enthusiasm and welcome with open arms all changes in our own school and our profession that are along the lines of progression.

J. C. B., R.N.

TIME TO SPEAK

"In Mrs. Kinney's letter in the February JOURNAL she has thrown down the gauntlet to the nurses who feel so strongly that the present status of army nurses is intolerable."

"Has not the time arrived for those women who know whereof they speak to express themselves? Is it entirely the question of ranking with the common soldier, which certainly is distasteful enough, or some equally important reason?"—AMERICAN JOURNAL OF NURSING, March, 1907.

A certain doctor, in a recent address to his colleagues, made some remarks which so admirably apply to the attitude of nurses who are or have been members of the Army Nurse Corps that I venture to quote him. He says:

"There is need to arouse our professional conscience," as well as "to inform our professional intelligence with regard to this subject."
* * * "In the present confused situation the danger is not from open and avowed enemies, but from ignorance and treason in our own ranks"—I should like also to add incidentally one more source of peril, *i.e.*, "our friends!"

It is indeed time to have done with covert sneers—with feints at parry and thrust—stabbing in the back,—and to come out into the open. It is just, neither to the Army Nurse Corps nor to the nurses at large

who may be possible applicants, that the assaults should be vague and hazy, or that these should be answered by generalities. Let those "who feel so strongly" (always assuming there must be such) come out and state exactly in what particulars they, personally and individually, have found "the present status of army nurses to be intolerable." Let those who have "been ranked with the common soldier" state over their signatures *how, when, where* and by whom this was done. We do not wish to hear from "soreheads" who have been discharged for cause, or who have been refused reappointment because their previous service was unsatisfactory (and there are numbers of both classes). But let some of the many who have had long service and been discharged at their own request be heard from. Then and only then will it be possible for those "who know" to offer some explanation which will be satisfactory, lucid, and fair to all. Let the decks be cleared for action. Not as Superintendent of the Army Nurse Corps, but as a nurse who has worked in army hospitals—one "who knows"—I am willing and glad to fire the first shot. I deny that there are *any* conditions in our corps to which the term *intolerable* can justly be applied. I deny that army nurses are "ranked with the common soldier." There will always be some nurses who will choose their associates (and even their life partners) from among the enlisted men. "One swallow does not make a summer"—nor yet "a drink." I positively assert that the only time our nurses are so classed is when they *rank themselves* with the "common soldier." It may not be out of place to add just here, if none but well-bred, well-educated, dignified and self-respecting women had been allowed to graduate from nurse training-schools, the Army Nurse Corps would not include among its members any who had not all these essential qualifications. I also know that the nurse corps has no monopoly of the perplexities arising from the fact that all trained nurses do not possess all these attributes.

The recent difficulty in filling the corps has not been entirely attributable to "lack of applicants." The requirements for members, laid down by the Surgeon General, has had a good deal to do with the paucity in the numbers of acceptable ones. During the fiscal year ending June 30, 1906, there were 346 applications for admission, from which 36 appointments were made. Of these 6 had had previous service (see Report Surgeon General, 1906). Regulations require that no nurse shall be eligible who is under a certain age; nor who is under a certain height; who has had a laparotomy; whose feet are not normal; whose teeth are not in good order; who has any inherited tendency to disease; whose thorax shows "flattening" or "insufficient mobility;" the imperfections of whose eyesight are not correctible; whose hearing is

defective; whose general physical condition is such that her powers of endurance or resistance may properly be questioned; and her professional qualifications are not less carefully scrutinized. No graduate from a hospital of less than fifty beds is acceptable; nor one from a private sanitarium, nor from hospitals for the insane, unless her course has been supplemented by at least six months in some large general hospital. She must be recommended by the superintendent of the school from which she graduated. The hospital records must show that her deportment, health and work were satisfactory during training. If trained under a former superintendent of nurses, her indorsement is also required. And finally a nurse must agree to serve at least three years—"Aye, *there's* the rub!" It is this which has been found to be the greatest stumbling-block in the path of would-be army nurses. Parents will not give consent, and naturally enough, daughters hesitate to go without it. Some find the conditions of their lives such that they cannot go for so long a time: a mother's frail health; a father's loneliness; or little children's needs prevent many. It is really a small proportion of the people in the world who are really foot-free to come and go as they please.

It appears that the nurse corps is no more seriously handicapped than are the great training-schools, which feel they must shorten their course because of the difficulty of getting suitable applicants, who will give the time to the longer course.

The following data furnish a significant commentary on the "intolerable" conditions said to exist in the nurse corps. If the charge be true, then must these faithful ones be martyrs or fools. The records of the Surgeon General's Office prove conclusively that they are far from being either. "By their fruits ye shall know them."

There are at present in the nurse corps:

5 nurses who have served 8 years (3 continuously, 2 interrupted service)									
8	"	"	"	"	7	"	(3	"	5 " ")
3	"	"	"	"	6	"	(1	"	2 " ")
5	"	"	"	"	5	"	(3	"	2 " ")
2	"	"	"	"	4	"	continuously		
3	"	"	"	"	3	"	"		

From the above it will be seen that 21 per cent. of the nurse corps has been practically a stable body for more than seven years; 5 per cent. more has been stable for about four years. These figures do not show the many, now out, who have had long and happy service, and it is no stretching of the truth to say that of these there are hundreds.

The corps at the present writing is full; there is a sufficient waiting list, and the usual number of applicants for admission.

DITA H. KINNEY,
Superintendent, Army Nurse Corps.

MY DEAR EDITOR: It is difficult to understand how Mrs. Kinney could write as she did in the February number of THE AMERICAN JOURNAL OF NURSING. Of course, it is easy to understand why, in her present position, it would be impossible for her to give utterance to different sentiments, but it certainly seems that in a matter of such vital importance to her profession silence on her part would be the better policy.

The letter, at first glance, appears quite logical and, to those unacquainted with real conditions, fair, just and quite in keeping with the proper state of affairs in the nurse corps. It, however, contains a few inconsistencies and misleading features that, in justice to our cause, should be made clear and the writer is asking for a few lines of space in which to make at least an attempt at pointing them out. The writer has no burning desire to "rush into print," and, having received a telegram from the Surgeon General offering her reappointment less than a year after her resignation, she cannot be classed with the alleged disappointed ones referred to in Mrs. Kinney's letter, but this is a subject on which every right minded nurse possessing an "articulate voice" should make herself heard.

In the first place, every soldier knows that no one *under contract* in the army is taken into account as in any way influencing the ranking of *enlisted soldiers*—in which latter class the nurse now is. In fact, the lowliest private in the army considers that he takes precedence over a "contract," hence that argument is counted out. It was *that* state of affairs regarding a "contract" that gave zest to our effort to have the nurse corps established in the first place. We, who have been in their place, know what contracts are and where placed in the army, if any one knows. The same argument applies to dental surgeons and veterinary surgeons, if indeed they must be considered before the nurse!

As to the stress laid upon the matter of rank in the army, few nurses have any interest in the subject for any personal pride they might have in profiting by "promotion with rank." It is the *principle* for the recognition of which we are striving. Why should not a nurse who proves her superior ability by being able to hold the position of chief nurse of a hospital or head nurse of a ward have that ability recognized just as the same ability to command and direct is recognized in the other army